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CONFIRMATION NO. 3840

<b>SERIAL NUMBER</b> 10/618,095	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 324	<b>GROUP ART UNIT</b> 2838	<b>ATTORNEY DOCKET NO.</b> 279.645US1
<b>APPLICANTS</b> Kristofer J. James, Eagan, MN; Shawn Kelley, Coon Rapids, MN;				
<b>** CONTINUING DATA *****</b> <i>φ PB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>φ PB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/14/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 29
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 21186				
<b>TITLE</b> INDICATOR OF REMAINING ENERGY IN STORAGE CELL OF IMPLANTABLE MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 1468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	